

**California State Board of Pharmacy**

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

**LICENSE VERIFICATION**

**INSTRUCTIONS:** This form is to be completed by the licensing authority in each state where you are licensed. The form must be completed even if the license is no longer current or active. Please return the state verified form with your application.

**TO BE COMPLETED BY APPLICANT**

(Please print or type)

Name of Applicant			Telephone Number	
			( )	
Address Street and Number		City	State	Zip Code
Title of License	License Number	Issue Date	Expiration Date	

**TO BE COMPLETED BY STATE BOARD OFFICE VERIFYING LICENSURE**

The person listed above has applied for a wholesale license in California. Before further consideration is given this application, we would appreciate your assistance in completing the information requested below. Upon completion of this form, please return it to the applicant in a sealed envelope.

**LICENSURE VERIFICATION PROVIDED BY THE STATE OF** \_\_\_\_\_

Name		License Number
Type of License Issued:	Date License issued	Expiration Date of License
License Status:		
Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other <input type="checkbox"/> If other, please explain: _____		

Has the licensee been found guilty of any violation for which disciplinary action was taken? Yes ☐ No ☐

If disciplinary action has been taken against this licensee, please provide this office with all available documentation regarding the action.

*Board Seal*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date